

MN Department of Human Social Services Manual

Patient Rights

V-2000

Not Revised

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PATIENT RIGHTS

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Authority

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1. CFR 405.1121 (Skilled Nursing Facilities).
2. CFR 442.311 (Intermediate Care Facilities).
3. CFR 483.420 (Condition of Participation; Client Protections).
4. Minn. Stat. 144.651 (1994) (Patients' Bill of Rights).
5. Minn. Stat. 144.652 (1994) (Notice to Patients and Violations of Bill of Rights).
6. Minn. Stat. 144.653 (1994) (Regulation of Health Facilities).
7. Minn. Stat. 144.691 (1994) (Grievance Procedures).
8. Minn. Stat. 245.461 to 245.486 (1994) (Adult Mental Health Act).
9. Minn. Stat. 252A.01 to 252A.21 (1994) (Adult Public Guardianship).
10. Minn. Stat. 253B (1994) (Minnesota Commitment Act).
11. Minn. Stat. 256B.092 (1994) (Case Management for persons with mental retardation or related conditions).

Definitions

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1. Case Manager - An individual employed by the local social services agency or other entity authorized by the county board to provide case management and planning activities designed to help people with serious and persistent mental illness and persons with mental retardation or related conditions in gaining access to needed medical, social, educational, vocational, and other necessary services as they relate to the client's mental health needs.

Adapted from Minn. Stat. 245.462, subd. 3 and 4

2. Case Management Administration and Services - The administrative functions of case management provided to or arranged for a person include: intake; diagnosis; screening; service authorization; review of eligibility for services; and responding to requests for conciliation conferences and appeals made by the person, the person's legal guardian or conservator, or the parent if the person is a minor. Case management services activities provided to or arranged for a person include: development of the individual service plan; informing the individual or the individual's legal guardian or conservator, or parent if the person is a minor, of service options; assisting the person to access services; coordination of services; evaluation and monitoring of the services identified in the plan; and annual reviews of service plans. Case management administration and service activities that are provided to the person with mental retardation or a related condition shall be provided by county agencies directly or under contract.

Minn. Stat. 256B.092, subd. 1a

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3. Chemically Dependent Person - Any person (a) determined as being incapable of self-management or management of personal affairs by reason of the habitual and excessive use of alcohol or drugs; and (b) whose recent conduct as a result of habitual and excessive use of alcohol or drugs poses a substantial likelihood of physical harm to self or others as demonstrated by (i) a recent attempt or threat to physically harm self or others, (ii) evidence of recent serious physical problems, or (iii) a failure to obtain necessary food, clothing, shelter, or medical care. “Chemically Dependent Person” also means a pregnant woman who has engaged during the pregnancy in habitual or excessive use, for a non-medical purpose, of any of the following controlled substances or their derivatives: cocaine, heroin, phencyclidine, methamphetamine or amphetamine.

Minn. Stat. 253B.02, subd. 2

4. Commitment: A district court order that a person requires involuntary treatment following a hearing pursuant to the appropriate sections of the Minnesota Commitment Act.

Adapted from Minn. Stat. 253B

5. Community-Based Treatment:

- a. Community Support Services: Services other than inpatient or residential treatment services provided or coordinated by an identified program and staff under the clinical supervision of a mental health professional designed to help people with serious and persistent mental illness to function and remain in the community.

Adapted from Minn. Stat. 245.462, subd. 6

- b. Day Treatment Services: A structured program of intensive therapeutic and rehabilitative services provided within a group setting by a multidisciplinary staff under the clinical supervision of a mental health professional.

Adapted from Minn. Stat. 245.462, subd. 8

- c. Outpatient Services: Mental health services excluding day treatment and community support services, provided by or under the clinical supervision of a mental health professional to persons with a mental illness who live outside a hospital. Outpatient services include clinical activities such as individual, group, and family therapy; individual treatment planning; diagnostic assessments; medication management; and psychological testing.

Minn. Stat. 245.462, subd. 21

- d. Residential Treatment Services: A 24-hour-a-day program under the clinical supervision of a mental health professional, in a community residential setting other than an acute care hospital or regional treatment center, that must be licensed as a residential treatment facility for adults with mental illness.

Adapted from Minn. Stat. 245.462, subd. 23

6. Conservatee - A person for whom the court has appointed a public or private conservator.

Adapted from Minn. Stat. 252A.02, subd. 10; 525.56

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7. Designated Agency - An agency selected by the county board to provide social services under the Minnesota Commitment Act.

Minn. Stat. 253B.02, subd. 5

8. Direct Discharge: Discharge of a person from a treatment facility and, if committed, from the court commitment.

Adapted from Minn. Stat. 253B.16

9. Emergency Admission: Emergency Admissions are accomplished by either:

- a. Examiner Hold Order: A legal means of detaining an individual when an examiner has determined within 15 days before admission that a person is mentally ill, mentally retarded, or chemically dependent, and is in imminent danger of injuring himself or others, if not immediately restrained, and a court order cannot be obtained in time to prevent the anticipated injury. The examiner's report authorizes a peace or health officer to transport the person to a treatment facility; or

Adapted from Minn. Stat. 253B.05, subd. 1

- b. Emergency Peace or Health Officer Hold Order: A legal means of detaining an individual when a peace or health officer believes the person to be mentally ill, mentally retarded, or in imminent danger of harming himself or others if not immediately restrained. The peace or health officer makes direct written application for admission to the treatment facility.

A person believed to be chemically dependent or who is intoxicated in public, can be taken into custody and transported to a treatment facility. If the person is intoxicated in public or believed to be a chemically dependent person is not endangering himself, others or property, the person may be taken home.

Adapted from Minn. Stat. 253B.05, subd. 2

10. Examiner: A licensed physician or a licensed psychologist who has a doctoral degree in psychology or who became licensed as a licensed consulting psychologist before July 2, 1975, and who is practicing in the diagnosis and treatment of the alleged impairment.

Minn. Stat. 253B.02, subd. 7

11. Head of the Treatment Facility: The person who is charged with overall responsibility for the professional program of care and treatment of the facility, or the person's designee.

Minn. Stat. 253B.02, subd. 8

12. Home and Community-Based Services for Persons with Mental Retardation or Related Conditions: Home and Community-Based Services for Persons with Mental Retardation or Related Conditions (MR/RC Waiver) are services funded through Medicaid as an alternative to ICF/MR care. Services include case management, homemaker, respite care, day training and habilitation, supported employment, adult day care, supported living services, in-home family support, environmental modifications, assistive technology, care giver training and education, personal support, specialist service, 24 hour emergency

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service and housing access coordination. The commissioner shall make payments to approved vendors participating in the medical assistance program to pay costs of providing home- and community-based services, including case management service activities provided as approved home- and community-based services, to medical assistance eligible persons with mental retardation or related conditions who have been screened according to federal requirements. Federal requirements include those services and limitations included in the federally approved application for home- and community-based services for persons with mental retardation or related conditions and subsequent amendments. Payments for home- and community-based services shall not exceed amounts authorized by the county of financial responsibility. For specifically identified former residents or regional treatment centers and nursing facilities, the commissioner shall be responsible for authorizing payments and payment limits under the appropriate home- and community-based service program. Payment is available under this subdivision only for persons who, if not provided these services, would require the level of care provided in an intermediate care facility for persons with mental retardation or related conditions.

Adapted from Minn. Stat. 256B.092, subd. 4

13. Informal Admission: A person 16 years of age or older may request admission for observation, diagnosis, evaluation, care and treatment for mental illness, mental retardation, or chemical dependency.

Adapted from Minn. Stat. 253B.04

14. Interested Person: An adult, including but not limited to, a public official, including a local welfare agency acting under Minnesota Statutes, section 626.5561, legal guardian, spouse, parent, adult sibling, legal counsel, adult child or next of kin of the allegedly mentally retarded person or other person designated by the proposed patient.

Minn. Stat. 252A.02, subd. 11 and 253B.02, subd. 10

15. Mentally Ill Person: Any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory which gravely impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which (a) is manifested by instances of grossly disturbed behavior or facility perceptions; and (b) poses a substantial likelihood of physical harm to self or others as demonstrated by (i) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment, or (ii) a recent attempt or threat to physically harm self or others. It excludes epilepsy, mental retardation, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to any alcohol or drugs.

Minn Stat. 253B.02, subd. 13

16. Mental Illness: An organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the clinical manual of the International Classification of Diseases (ICD-9-CM) current edition, code range 290.0 to 302.99 or 306.0 to 316.0 or the corresponding code in the American

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Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-MD), current edition, Axes I, II, or III, and that seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation. (b) An "adult with acute mental illness" is an adult who has a mental illness that is serious enough to require prompt intervention. (c) For purposes of case management and community support services, a "person with serious and persistent mental illness" is an adult who has a mental illness and meets at least one of the following criteria: (1) the adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months; (2) the adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the preceding 12 months; (3) the adult: (i) has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder; (ii) indicates a significant impairment in functioning; and (iii) has a written opinion from a mental health professional stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause (1) and (2), unless an ongoing community support services program is provided; or (4) the adult has been committed by a court as a mentally ill person under chapter 253B, or the adult's commitment has been stayed or continued.

Minn. Stat. 245.462, subd. 20

17. Person with Mental Retardation: Any person age 18 or older who has been diagnosed as having significantly sub-average intellectual functioning existing concurrently with demonstrated deficits in adaptive behavior such as to require supervision and protection for his welfare or the public welfare.

Minn. Stat. 252A.02, subd. 2

Any person (a) who has been diagnosed as having significantly sub-average intellectual functioning existing concurrently with demonstrated deficits in adaptive behavior; and (b) whose recent conduct is a result of mental retardation and poses a substantial likelihood of physical harm to himself or others in that there has been (i) a recent attempt or threat to physically harm himself or others, or (ii) a failure and inability to provide necessary food, clothing, shelter, safety, or medical care for himself.

Minn. Stat. 253B.02, subd. 14

18. Near Relative: A spouse, parent, adult sibling, or adult child.

Minn. Stat. 252A.02, subd. 6

19. Patient or Resident: Any person institutionalized, committed, or proposed for commitment under the Minnesota Commitment Act; or any person admitted to an acute care in-patient facility for a continuous period longer than 24 hours for diagnosis or treatment related to physical or mental health; or a person admitted to a non-acute care facility including extended care facilities, nursing homes, and board and care homes for care required

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because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age.

Adapted from Minn. Stat. 253B, and Minn. Stat. 144.651

20. Person Mentally Ill and Dangerous to the Public: A person (a) who is mentally ill; and (b) who as a result of that mental illness presents a clear danger to the safety of others as demonstrated by the facts that (i) the person has engaged in an overt act causing or attempting to cause serious physical harm to another and (ii) there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another. A person committed as a sexual psychopathic personality or sexually dangerous person is subject to the provisions of this chapter that apply to persons committed as mentally ill and dangerous to the public.
Minn. Stat. 253B.02, subd. 17
21. Provisional Discharge: The procedure through which an individual may be placed on a conditional release from a facility without discharging the court commitment.
Adapted from Minn. Stat. 253B.15
22. Public Guardian: The commissioner of human services when exercising all the powers designated in Minnesota Statutes, section 252A.111.
Minn. Stat. 252A.02, subd. 7
23. Public Conservator: The commissioner of human services when exercising some, but not all, the powers designated in Minnesota Statutes, section 252A.111.
Minn. Stat. 252A.02, subd. 8
24. Regional Center: A state operated facility for mentally ill, mentally retarded or chemically dependent persons which is under the direct administrative authority of the commissioner.
Minn. Stat. 253B.02, subd. 18
25. Treatment Facility: A hospital, community mental health center, or other treatment provider qualified to provide care and treatment for mentally ill, mentally retarded or chemically dependent persons.
Minn. Stat. 253B.02, subd. 19
26. Ward: A person for whom the court has appointed a public guardian.
Minn. Stat. 252A.02, subd. 9
27. Experimental Treatment: Drugs, therapies, or treatments that are unproven have been confined largely to laboratory use, or have progressed to limited human application and trials, and lack wide recognition from the scientific community as a proven and effective measure of treatment.

Part 9525.3015, subpart 16

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Patients Bill of Rights

V-2300

Intent of Legislature

V-2310

It is the intent of the Minnesota Legislature and the purpose of the Bill of Rights to promote the interests and well-being of the patients and residents of health care facilities.

1. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility.
2. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident.
3. Every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed upon.

Adapted from Minn. Stat. 144.651, subd. 1

Bill of Rights

V-2320

Minnesota public policy is that the interests of each patient and resident be protected by a declaration of a patient's bill of rights which shall include, but not be limited to, the following rights in Minn. Stat., section 144.651.

Adapted from Minn. Stat. 144.651, subd. 3

Information about Rights

V-2321

1. Patients and residents shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout treatment and maintenance in the community, and that they are described in an accompanying written statement of the applicable rights and responsibilities set forth in the Minnesota Bill of Rights for Patients and Residents of Health Care Facilities.
2. Reasonable arrangements shall be made for those with communication impairments and those who speak a language other than English.
3. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, residents, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person.
4. This policy shall allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.

Minn. Stat. 144.651, subd. 4

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5. This policy shall ensure that clients are provided active treatment to reduce dependency on drugs and physical restraints.
6. This policy shall ensure that clients are not compelled to perform services for the facility and ensure that clients who do work for the facility are compensated for their efforts at prevailing wages and commensurate with their abilities.

Adapted from CFR 483.420

Courteous Treatment

V-2322

Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Minn. Stat. 144.651, subd. 5

Appropriate Health Care

V-2323

Patients and residents shall have the right to appropriate medical and personal care based on individual needs. Appropriate care for residents means care designed to enable residents to achieve their highest level of physical and mental functioning.

This right is limited where service is not reimbursable by public or private resources.

Minn. Stat. 144.651, subd. 6

Physician's Identity

V-2324

1. Patients and residents shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of their care.
2. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's care record, the information shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

Minn. Stat. 144.651, subd. 7

Relationship with Other Health Services

V-2325

1. Patients and residents who receive services from an outside provider are entitled, upon request, to be told the identity of the provider.
2. Residents shall be informed, in writing, of any health care services which are provided to those residents by individuals, corporations, or organizations other than their facility.
3. Information about outside health care services shall include the name of the outside provider, the address, and a description of the service which may be rendered.
4. In cases where it is medically inadvisable, as documented by the attending physician in the care record, the information about outside health care services shall be given to the patient's or resident's guardian or other person designated by the patient or resident as a representative.

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Minn. Stat. 144.651, subd. 9

Information about Treatment

V-2326

1. Patients and residents shall be given, by their physicians, complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose.
2. This information shall be in terms and language the patients or residents can reasonably be expected to understand. Patients and residents may be accompanied by a family member or other chosen representative.
3. This information shall include the likely medical or major psychological results of the treatment and its alternatives.
4. In cases where it is medically inadvisable, as documented by the attending physician in a patient's or resident's medical record, the information shall be given to the patient's or residents' guardian or other person designated by the patient or resident as his or her representative.
5. Individuals have the right to refuse this information.
6. Every patient or resident suffering any form of breast cancer shall be fully informed at the time of admission and during her stay of alternative methods of treatment.

Minn. Stat. 144.651, subd. 9

Participation in Planning Treatment

V-2327

1. Patients and residents shall have the right to participate in the planning of their health care.
2. This right includes the opportunity to discuss treatment and alternatives with individual caregivers, the opportunity to request and participate in formal care conferences, and the right to include a family member or other chosen representative in the planning.
3. In the event that the patient or resident cannot be present, a family member or other representative chosen by the patient or resident, or patient's guardian or conservator, may be included in such conferences.
4. If a patient or resident who enters a facility is unconscious or comatose or is unable to communicate, the facility shall make reasonable efforts to notify either a family member or a person designated in writing by the patient as the person to contact in an emergency that the patient or resident has been admitted to the facility. Reasonable efforts include:
 - (a) Examining the personal effects of the patient or resident;
 - (b) Examining the medical records of the patient or resident in the possession of the facility;

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- (c) Inquiring of any emergency contact or family member contacted whether the patient or resident has executed an advance directive and whether the patient or resident has a physician to whom the patient or resident normally goes for care;
- (d) Inquiring of the physician to whom the patient or resident normally goes for care, if known, whether the patient or resident has executed an advance directive.

Minn. Stat. 144.651, subd. 10; 525.56

Continuity of Care

V-2328

Patients and residents shall have the right to be cared for with reasonable regularity and continuity of staff assignment as far as facility policy allows.

Minn. Stat. 144.651, subd. 11

Right to Refuse Care

V--2329

1. Competent patients and residents or legally incompetent patients' and residents' guardian or conservator shall have the right to refuse treatment.
2. Residents who refuse treatment, medication, or dietary restrictions shall be informed of the likely medical or major psychological results of the refusal, with documentation in the individual medical record.
3. In cases where a patient or resident is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's or resident's medical record.

Adapted from Minn. Stat. 144.651, subd. 12; 525.56

Bill of Rights, Continued

-2330

Experimental Research

V-2331

Written, informed consent must be obtained prior to a patient's or resident's participation in experimental research. Patients and residents have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

Minn. Stat. 144.651, subd. 13

A guardian or conservator may not consent to psychosurgery, electroshock, sterilization, or experimental treatment unless the procedure is first approved by the court.

Minn. Stat. 525.56(4)

Freedom From Abuse

V-2332

1. Patients and residents shall be free from mental and physical abuse as defined in the Vulnerable Adults Protection Act. "Abuse" means any act which constitutes assault, sexual exploitation, or criminal sexual conduct as described in Vulnerable Adults Protection Act (see SSM-XVI-4000), or the intentional and non-therapeutic infliction of physical pain or

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injury, or any persistent course of conduct intended to produce mental or emotional distress.

2. Every patient and a resident shall also be free from non-therapeutic chemical and physical restraints, except in fully documented emergencies, or as authorized in writing after examination by a patient's or resident's physician for a specified and limited period of time, and only when necessary to protect the resident from self-injury or injury to others.

Minn. Stat. 144.651, subd. 14

Treatment Privacy

V-2333

1. Patients and residents shall have the right to respectfulness and privacy as it relates to their medical and personal care program.
2. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly.
3. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient or resident safety or assistance.

Minn. Stat. 144.651, subd. 15

Confidentiality of Records

V-2334

1. Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility.
2. Residents shall be notified when personal records are requested by any individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Copies of records and written information from the records shall be made available in accordance with Minnesota Statutes, section 144.651, subd. 16 and Minn. Stat., section 144.335. This right does not apply to complaint investigation and inspections by the department of health, where required by third party payment contracts, or where otherwise provided by law.

Minn. Stat. 144.651, subd. 16

Disclosure of Services Available

V-2335

1. Patients and residents shall be informed, prior to or at the time of admission and during their stay, of services which are included in the facility's basic per diem or daily room rate and that other services are available at additional charges.
2. Facilities shall make every effort to assist patients and residents in obtaining information regarding whether the Medicare or Medical Assistance program will pay for any or all the aforementioned services.

Minn. Stat. 144.651, subd. 17

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Responsive Service

V-2336

Patients and residents shall have the right to a prompt and reasonable response to their questions and requests.

Minn. Stat. 144.651, subd. 18

Personal Privacy

V-2337

1. Patients and residents shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being.
2. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Minn. Stat. 144.651, subd. 19

Grievances

V-2338

1. Patients and residents shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients, residents, and citizens.
2. Patients and residents may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge.
3. Notice of the facility's grievance procedure, as well as addresses and telephone numbers for the office of health facility complaints and the area nursing home ombudsman pursuant to the Older Americans Act shall be posted in a conspicuous place.

Minn. Stat. 144.651, subd. 20

Communication Privacy

V-2339

1. Patients and residents may associate and communicate privately with persons of their choice and enter and, except as provided by the Minnesota Commitment Act, leave the facility as they choose.
2. Patients and residents shall have access, at their expense, to writing instruments, stationery, and postage.
3. Personal mail shall be sent without interference and received unopened unless medically or programmatically contraindicated and documented by the physician in the medical record.
4. There shall be access to a telephone where patients and residents can make and receive private calls.
5. Facilities which are unable to provide a private area shall make reasonable arrangements to accommodate the privacy of patients' or residents' calls. This right is limited where medically inadvisable, as documented by the attending physician in a patient's or resident's

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care record. Where programmatically limited by a facility abuse prevention plan as required by the Vulnerable Adults Act, this right shall also be limited accordingly.

6. Upon admission to a facility, a patient or resident or the patient's or resident's legal guardian or conservator shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility.

Adapted from Minn. Stat. 144.651, subd. 21

Bill of Rights, continued

V-2340

Personal Property

V-2341

1. Patients and residents may retain and use their personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients or residents, and unless medically or programmatically contraindicated for documented medical, safety, or programmatic reasons.
2. The facility must either maintain a central locked depository or provide individual locked storage areas in which residents may store their valuables for safekeeping.
3. The facility may, but is not required to, provide compensation for or replacement of lost or stolen items.

Minn. Stat. 144.651, subd. 22

Services for the Facility

V-2342

Patients and residents shall not perform labor or services for the facility unless those activities are included for therapeutic purposes and appropriately goal-related in their individual medical record.

Minn. Stat. 144.651, subd. 23

Choice of Supplier

V-2343

A resident may purchase or rent goods or services not included in the per diem rate from a supplier of his or her choice unless otherwise provided by law. The supplier shall ensure that these purchases are sufficient to meet the medical or treatment needs of the resident.

Minn. Stat. 144.651, subd. 24

Financial Affairs

V-2344

Competent residents may manage their personal financial affairs, or shall be given at least a quarterly accounting of financial transactions on their behalf if they delegate this responsibility in accordance with the laws of Minnesota to the facility for any period of time.

Minn. Stat. 144.651, subd. 25

Right to Associate

V-2345

Residents may meet with visitors and participate in activities of commercial, religious, political, and community groups without interference at their discretion if the activities do not infringe on

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the right to privacy of other residents or are not programmatically contraindicated. This includes the right to join with other individuals within and outside the facility to work for improvements in long-term care.

Adapted from Minn. Stat. 144.651, subd. 26

Advisory Councils

V-2346

1. Residents and their families and guardians or conservators shall have the right to organize, maintain, and participate in resident advisory and family councils.
2. Each facility shall provide assistance and space for council meetings.
3. Council meetings shall be afforded privacy, with staff or visitors attending only upon the council's invitation.
4. A staff person shall be designated the responsibility of providing this assistance and responding to written requests which result from council meetings.
5. Resident and family councils shall be encouraged to make recommendations regarding facility policies.

Minn. Stat. 144.651, subd. 27; 525.56

Married Residents

V-2347

Residents, if married, shall be assured privacy for visits by their spouses and, if both spouses are residents of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical records.

Minn. Stat. 144.651, subd. 28

Transfers and Discharges

V-2348

Public Law 100-203 (OBRA) provides that all nursing home residents with mental retardation or related conditions who have been determined by the state developmental disabilities authority to not require nursing facility services, must be discharged to appropriate services.

Furthermore, all residents with a major mental illness who have been determined by the state mental health authority to not require nursing facility services, must be discharged to appropriate services.

Persons residing in a nursing facility for at least 30 months prior to the determination by the state that specialized services are required for their mental retardation, related condition, or mental illness are exempt from this provision. These persons have the right to choose either relocating to alternative settings with appropriate services, or remaining in the nursing facility and receiving specialized services.

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Residents affected by this provision have the right to appeal decisions made by the state mental health or mental disabilities authority provided by Minnesota Rules, Part 9525.0135. Facility initiated discharges related to this provision can be appealed to the Minnesota Department of Health, Office of Facility Complaints.

1. Notice of proposed discharge or transfer shall include the resident's right to contest the proposed action, with the address and telephone number of the area nursing home ombudsman pursuant to the Older Americans Act. The resident, informed of this right, may choose to relocate before the notice period ends. The notice period may be shortened in situations outside the facility's control, such as a determination by utilization review, the accommodation of newly-admitted residents, a change in the resident's medical or treatment program, the resident's own or another resident's welfare, or nonpayment for stay unless prohibited by the public program or programs paying for the resident's care, as documented in the medical record.
2. Facilities shall make a reasonable effort to accommodate new residents without disrupting room assignments.

Adapted from Minn. Stat. 144.651, subd. 29

Protection and Advocacy Services

V-2349

Patients and residents shall have the right of reasonable access at reasonable times to any available rights protection services and advocacy services so that the patient may receive assistance in understanding, exercising, and protecting the rights described in this section and in other law. This right shall include the opportunity for private communication between the patient and a representative of the rights protection services or advocacy service.

Minn. Stat. 144.651, subd. 30

Bill of Rights Continued

V-2350

Isolation and Restraints

V-2351

A minor patient who has been admitted to a residential program has the right to be free from physical restraint and isolation except in emergency situations involving a likelihood that the patient will physically harm the patient's self or others. These procedures may not be used for disciplinary purposes to enforce program rules, or for the convenience of staff. Isolation or restraint may be used only upon the prior authorization of a physician, psychiatrist, or licensed psychologist, only when less restrictive measures are ineffective or not feasible and only for the shortest time necessary.

Adapted from Minn. Stat. 144.651, subd. 31

Treatment Plan

V-2352

A minor patient who has been admitted to a residential program has the right to a written treatment plan that describes in behavioral terms the case problems, the precise goals of the plan, and the procedures that will be utilized to minimize the length of time that the minor requires

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inpatient treatment. The plan shall also state goals for release to a less restrictive facility and follow-up treatment measures and services, if appropriate. To the degree possible, the minor patient and the minor patient's parents or guardian shall be involved in the development of the treatment and discharge plan.

Adapted from Minn. Stat. 144.651, subd. 32

Notice to Patient

V-2360

The Patients' Bill of Rights shall be posted conspicuously in a public place in health care facilities.

On admission to the facility, copies shall be furnished to the patient or resident and the patient's or resident's guardian or conservator.

The policy statement shall include the name and address of a person to whom inquiries about the medical care received may be directed. The notice shall include a brief statement describing how to file a complaint with the Office of Health Facility Complaints of the Minnesota Department of Health.

Adapted from Minn. Stat. 144.652, subd. 1

Violations

V-2370

A substantial violation of the rights of any patient or resident shall be grounds for issuing a correction order by the Minnesota Department of Health, stating the deficiency, citing the specific regulations violated, and specifying the time allowed for correction.

Issuance of a correction order shall not preclude, diminish, enlarge or otherwise alter private action by or on behalf of a resident to enforce any unreasonable violation of his rights.

Adapted from Minn. Stat. 144.652, subd. 2

Emergency Conditions

V-2380

Compliance with the provisions of the Patients and Residents of Health Care Facilities Bill of Rights shall not be required whenever emergency conditions, as documented by the attending physician in a patient's medical record or a resident's care record, indicate immediate medical treatment, including but not limited to surgical procedures, is necessary and it is impossible or impractical to comply with the provisions of the Bill of Rights because delay would endanger the patient's or resident's life, health or safety.

Minn. Stat. 144.652, subd. 2

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The Minnesota Commitment Act

V-2400

Rights Under the Minnesota Commitment Act

V--2410

Examiner's Qualifications

V-2411

The examiner must be a licensed physician or a licensed psychologist who has a doctoral degree in psychology or who became licensed as a licensed consulting psychologist before July 2, 1975 and who is practicing in the diagnosis and treatment of the alleged impairment.

Adapted from Minn. Stat. 253.02, subd. 7

Rights of Patients

V-2412

The right to be free of restraints unless the head of the facility or a member of the medical staff determines they are necessary for the safety of the patient or others. Each use of restraint and the reason shall be documented in the clinical record and signed by the head of the facility.

Restraints shall not be applied to persons with mental retardation except as permitted under Minn. Stat., section 245.825 and the rules of the Commissioner of Human Services.

Adapted from Minn. Stat. 253B.03, subd. 1

The right to correspond freely without censorship unless the head of the facility determines that the medical welfare of the patient requires limitation. Any limitations and reasons shall be documented in the clinical records.

Adapted from Minn. Stat. 253B.03, subd. 2

The right to receive visitors and make phone calls subject to the general rules of the treatment facility unless the head of facility determines that the medical welfare of the patient requires limitations. Any limitations and reasons for them shall be documented in the clinical record.

Adapted from Minn. Stat. 253B.03, subd. 3

The right to meet with or call his personal physician, spiritual advisor, and counsel at all reasonable times and to continue the practice of religion.

The patient's or resident's legal guardian or conservator shall be given the opportunity to authorize disclosure of the patient's or resident's presence in the facility, to callers or visitors who may seek to communicate with the patient or resident.

Adapted from Minn. Stat. 253B.03, subd. 4

The right to periodic medical assessment as frequently as necessary, but not less than annually.

Adapted from Minn. Stat. 253B.03, subd. 5

If the patient is not a minor, the right to give prior consent for any medical or surgical treatment, other than the treatment of mental illness, mental retardation or chemical dependency. The procedures specified to obtain consent for treatment necessary to preserve the life or health of committed patients are as follows:

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1. Written, informed consent of competent adult patient;
2. If under guardianship or conservatorship which includes medical care, written, informed consent of guardian or conservator;
3. If the head of the facility determines that the patient is not competent to consent but not adjudicated incompetent, consent of nearest proper relative, patient's spouse, parent, adult child, or adult sibling. (If relatives cannot be found or refuse consent, the head of the facility or an interested person may petition the court for an appointment of a guardian or conservator.)
4. In emergencies and when appropriate persons cannot be located, the head of the facility may give consent. The determination of incompetency and reasons for the determination must be documented in the clinical record.

Adapted from Minn. Stat. 253B.03, subd. 6

A patient with mental retardation or the patient's guardian or conservator has the right to give or withhold consent before:

1. The implementation of any aversive or deprivation procedure except for emergencies as defined in Minnesota Statutes, section 245.825;
2. The administration of psychotropic medication.

Adapted from Minn. Stat. 253B.03, subd. 6(a)

The right, if committed as mentally ill or mentally ill and dangerous to receive neuroleptic medication as follows:

1. Competent patients must give written, informed consent prior to the administration of the neuroleptic medication.

Minn. Stat. 253B.03, subd. 6(b)

2. Incompetent patients may receive neuroleptic medication only if a court has approved the administration or:

- a. The patient does not object to or refuse the medication;
- b. The court has appointed a guardian ad litem with authority to consent, and the guardian ad litem has given written, informed consent; and
- c. A multidisciplinary treatment review panel gives written approval to administration of the neuroleptic medication.

Adapted from Minn. Stat. 253B.03, subd. 6(c)

3. A competent adult may make a declaration of preferences or instructions regarding intrusive mental health treatment in accordance with the provisions of Minn. Stat., section 253B.02, subd. 6(d).

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The right to receive proper care and treatment, best adapted, according to contemporary professional standards, to rendering further custody, institutionalization, or other services unnecessary.

Adapted from Minn. Stat. 253B.03, subd. 7

The right to participate in development of his written program plan and its review (at least quarterly); reasons for nonparticipation must be documented in the clinical record, along with plans for future involvement.

Adapted from Minn. Stat. 253B.03, subd. 7

The right to access to his medical records. Regardless of provisions of Minnesota Statutes, section 144.335, subd. 2, a person involved in proceedings under the Minnesota Commitment Act has the right to complete access to all medical records relevant to his commitment.

Adapted from Minn. Stat. 253B.03, subd. 8

The right to be represented by counsel at any proceeding under the Minnesota Commitment Act. Counsel must be appointed when the petition is filed, and must be a vigorous advocate on behalf of his client, must have full right of subpoena, must consult with the person before any hearing, must be given adequate time to prepare for all hearings, and must represent the person throughout any proceedings unless released by the court.

Adapted from Minn. Stat. 253B.03, subd. 9

The right to be notified in writing at the time of admission of his rights under the Minnesota Commitment Act.

Adapted from Minn. Stat. 253B.03, subd. 10

Informal Admission Procedures

V-2413

If informally admitted as mentally ill or mentally retarded, the right to leave the facility within 12 hours of the person's request (unless held under another provision of the Minnesota Commitment Act) and shall be so informed in writing at the time of admission.

Adapted from Minn. Stat. 253B.04, subd. 2

If informally admitted as chemically dependent, the right to leave the facility within 72 hours of the person's written request, excluding Saturdays, Sundays, and holidays (unless held under another provision) and shall be so informed in writing at time of admission.

Adapted from Minn. Stat. 253B.04, subd. 2

Emergency Admissions

V-2414

If institutionalized as emergency hold and the head of the facility files a petition for commitment after 72 hours, the right to request change of venue to the probate court of the person's county of residence. The patient must be so informed in writing at time of admission.

Adapted from Minn. Stat. 253B.05, subds. 3 and 5

If an emergency admission, the right to be changed to informal status if the head of the facility consents to the person's written request.

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Adapted from Minn. Stat. 253B.05, subd. 4

If an emergency or informal admission, the right to have a medical examination within 48 hours. Emergency admissions must be informed of this right in writing at the time of admission, and must be discharged if no medical examination is held or the examiner did not notify the head of the facility in writing that the patient is in need of care, treatment, and evaluation as a mentally ill, mentally retarded or chemically dependent person.

**Adapted from Minn. Stat. 253B.05, subd., 5;
Minn. Stat. 253B.06, subds. 1 and 2**

If an emergency admission, the right to request and receive assistance from the head of the facility in exercising his rights to a medical examination within 48 hours, to change of venue, and to change to informal status.

Adapted from Minn. Stat. 253B.05, subd. 5

Judicial Commitment

V-2415

The right to be interviewed by a pre-petition screening team.

Adapted from Minn. Stat. 253B.07, subd. 1

After a petition for commitment has been filed, the right to request the court to appoint a second examiner of the person's choosing, to be paid for by the county at a rate set by the court.

Adapted from Minn. Stat. 253B.07, subd. 3

The right to be examined at a treatment facility or other suitable place which the court determines is not likely to have a harmful effect on the person's health.

Adapted from Minn. Stat. 253B.07, subd. 5

The right to have a plain-language notice of the petition proceedings served personally by a non-uniformed person.

Adapted from Minn. Stat. 253B.07, subd. 4

The right to voluntarily respond to a summons to appear for the pre-hearing examination and the commitment hearing (rather than being picked up pursuant to an apprehend and hold order), unless the court found that serious imminent physical harm to the proposed patient or others is likely, or the proposed patient has not voluntarily appeared as a result of a summons, or the proposed patient is an emergency admission for whom a commitment petition has been filed.

Adapted from Minn. Stat. 253B.07, subd. 6

If an apprehend and hold order was necessary, the right to be picked up by a non-uniformed officer in an unmarked vehicle, unless otherwise ordered by the court.

Adapted from Minn. Stat. 253B.07, subd. 6

The right to have the person's own counsel present during the pre-hearing examination; or to waive this right if desired.

Adapted from Minn. Stat. 253B.07, subd. 5

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The right to be represented by counsel at a preliminary hearing (when there is a question of whether the person should be held longer than 72 hours because serious imminent physical harm is otherwise likely).

Adapted from Minn. Stat. 253B.07, subd. 7

The right to demand in writing at any time an immediate commitment hearing instead of within 14 days; if not held in five days, excluding Saturdays, Sundays, and legal holidays, the petition is discharged; however, the court may extend the time for 10 more days for good cause.

Adapted from Minn. Stat. 253B.08, subd. 1

The right to receive at least 5 days notice of the commitment hearing and at least 2 days notice of the time and date. Notice may be waived by the patient's counsel.

Adapted from Minn. Stat. 253B.08, subd. 2

The right to attend and testify at the commitment hearing and to present and cross-examine witnesses including examiners. The right to waive their right to attend the commitment hearing.

Adapted from Minn. Stat. 253B.08, subs. 3, 4, and 5

The right to be sufficiently free from the effects of medication or other treatment as not to be hampered in participating in the proceedings. If the physician or consulting psychologist attending patient believes discontinuance is not in the patient's best interest, the court must be given a record of all treatments during the preceding 48 hours.

Adapted from Minn. Stat. 253.08, subd. 5

Temporary Confinement

V-2416

The right to not be confined in a jail or correctional institution during proceedings related to commitment except when ordered by the court to protect the life of the proposed patient or others.

Adapted from Minn. Stat. 253B.11, subd. 1

Treatment Report; Review; Hearing

V-2417

If the second treatment report (before the end of the initial 6-months' commitment) indicates the need for continued hospitalization, the right to an independent examination by an examiner chosen by the patient and appointed by the court.

Adapted from Minn. Stat. 253B.12, subd. 3

The right to make a written request to transfer to an informal status any time before expiration of the initial commitment, if not committed as mentally ill and dangerous. A change to informal status requires the consent of the head of the facility.

Adapted from Minn. Stat. 253B.12, subd. 8

Provisional Discharge

V-2418

If a request has been made to revoke provisional discharge, the right to obtain a court review of the notice of intent to revoke.

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Adapted from Minn. Stat. 253B.15, subds. 4 and 6

The right to request that the hearing to revoke provisional discharge be held immediately (i.e., within 5 days).

Adapted from Minn. Stat. 253B.15, subds. 4 and 6

When the extension of the provisional discharge is being considered by the designated agency, the right to participate in a preliminary conference and to object or make suggestions for alternatives to extension.

Adapted from Minn. Stat. 253B.15, subd. 7

If on provisional discharge, the right to voluntarily return to inpatient status, with the consent of the head of the facility, under specified conditions of which the patient must be informed before readmission.

Adapted from Minn. Stat. 253B.15, subd. 10

Release; Judicial Determination

V-2419

Unless committed as mentally ill and dangerous, the right to petition the court for an order that the patient no longer needs institutionalization, or that the patient is no longer mentally ill, mentally retarded, or chemically dependent, or any other relief as the court deems just and equitable.

Adapted from Minn. Stat. 253B.17, subd. 1

A patient committed as mentally ill or mentally ill and dangerous may petition the committing court or the court to which venue has been transferred for a hearing concerning the administration of neuroleptic medication.

Adapted from Minn. Stat. 253B.17, subd. 1

If a petition for release is filed, the right to request and choose a second examiner (to be paid for by the county at a rate set by the court); and the right to be present at the hearing and to present and cross-examine witnesses, including examiners.

Adapted from Minn. Stat. 253B.17, subds. 3 and 4

Rights, continued

V-2420

Appeals

V-2421

Any aggrieved party may appeal to the court of appeals from any order entered under the Minnesota Commitment Act as in other civil cases.

Upon perfection of the appeal the return shall be filed forthwith. The court of appeals shall hear the appeal within 60 days after service of the notice of the appeal. This appeal shall not suspend the operation of the order appealed from until the appeal is determined, unless otherwise ordered by the court of appeals (see SSM V-6000).

Minn. Stat. 253B.23, subd. 7

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Procedures for Persons Mentally Ill and Dangerous to the Public

V-2422

If committed as mentally ill and dangerous (also applies to a sexual psychopathic personality or sexually dangerous person), the right to petition the Commissioner for an order for transfer, discharge, provisional discharge, or to appeal the revocation of provisional discharge, with a hearing before the special review board.

Adapted from Minn. Stat. 253B.18, sbsds. 4 and 5

If mentally ill and dangerous, a sexual psychopathic personality or sexually dangerous person and aggrieved by the decision to revoke provisional discharge, the right to petition the special review board within seven (7) days (excluding Saturdays, Sundays, and legal holidays) after receiving the revocation report, for a review of the revocation.

Adapted from Minn. Stat. 253B.18, subd. 13

Judicial Appeal Panel for Persons Mentally Ill and Dangerous

V-2423

If mentally ill and dangerous, a sexual psychopathic personality or sexually dangerous person and aggrieved by a decision by the commissioner made after a hearing and recommendation by the special review board, the right to petition for a rehearing by a three-judge panel, within 30 days after the commissioner's decision. The patient and the patient's counsel may be present, and may present and cross-examine witnesses.

Adapted from Minn. Stat. 253B.19, subd. 2

Discharge; Administrative Procedure

V-2424

For committed persons, the right to a continuing plan of aftercare services after discharge, provisional discharge, or partial institutionalization, developed by the designated agency in cooperation with the treatment facility and the patient's physician (if the physician was notified). (See SSM XIV-3000.)

Adapted from Minn. Stat. 253B.20, sbsds. 4 and 5

After release, a committed person has the right to apply to the head of the hospital for treatment.

Adapted from Minn. Stat. 253B.20, subd. 2

If necessary at the time of release, the right to suitable clothing and transportation home or to another destination within a reasonable distance of the facility.

Adapted from Minn. Stat. 253B.20, subd 2

Review Boards

V-2425

The right to request to appear before the facility review board at their next visit. The request need not be in writing.

Adapted from Minn. Stat. 253B.22, sbsds. 2 and 3

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General Provisions

V-2426

No person by reason of commitment or treatment (except as specifically stated otherwise in the Minnesota Commitment Act or in Minn. Stat., sections 246.15 and 246.16) shall be deprived of any legal right, including but not limited to the right to dispose of property, sue and be sued, execute instruments, make purchases, enter into contractual relationships, vote, and hold a driver's license.

Note: Commitment or treatment is not a judicial determination of legal incompetency.

Adapted from Minn. Stat. 253B.23, subd. 2

Notices and Documents

V-2430

Throughout the Minnesota Commitment Act, the right to notification and to receive copies of documents related to various stages of commitment and treatment is specified. The relevant sections include these details, as well as other general procedural rights.

Notices and copies of documents to be given to patients/residents and/or attorney as required by the Minnesota Commitment Act includes the following items.

Rights of Patients

V-2431

Notice in writing given by the head of the facility of the patient's rights under the Minnesota Commitment Act.

Minn. Stat. 253B.03, subd. 10

Informal Admission Procedures

V-2432

At the time of admission, if an informal admission, the head of the facility shall give notice in writing of the right to leave, within 12 hours if mentally ill or mentally retarded, or within 72 hours if chemically dependent, unless held under another provision of this chapter.

Minn. Stat. 253B.04, subd. 2

Emergency Admission

V-2433

Upon admission if an emergency hold, the head of the facility shall provide a copy of the examiner's written statement.

Minn. Stat. 253B.05, subd. 1

If a peace or health officer hold, the head of the facility shall give a copy of the written statement by the peace or health officer specifying reasons for which the person was taken into custody.

Minn. Stat. 253B.05, subd. 2

At the time of admission the head of the facility shall give notice in writing to every person held pursuant to this section, of their right to: leave after 72 hours, a medical examination within 48 hours, a change of venue, and a change of informal status.

Adapted from Minn. Stat. 253B.05, subd. 5

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Judicial Commitment; Preliminary Procedures

V-2434

A non-uniformed person shall serve a summons to appear for a pre-hearing examination and the commitment hearing.

Adapted from Minn. Stat. 253B.07, subd. 4)

The court shall give a notice of the proceedings and notice of the filing of the petition, a copy of the petition, a copy of the physician's supporting statement, and the order for examination and a copy of the pre-petition screening report.

Adapted from Minn. Stat. 253B.07, subd. 4

Note: The Examiner files (3 copies) with the court which sends copies to the proposed patient and his counsel.

Adapted from Minn. Stat. 253B.07, subd. 5

The court shall give at least 24 hours written notice of the preliminary hearing, including alleged grounds for confinement.

Adapted from Minn. Stat. 253B.07, subd. 7

Judicial Commitment; Hearing Procedures

V-2435

The court shall give at least 5 days notice that a hearing will be held and at least 2 days notice of the hearing time and date.

Adapted from Minn. Stat. 253B.08, subd. 2

The court shall give notice of their right to attend the hearing, to testify and to present and cross-examine witnesses.

Adapted from Minn. Stat. 253B.08, subd. 3

Decision; Standard of Proof; Duration

V-2436

The head of the facility shall give copies of the treatment report to the court, to the patient and his counsel at least 60 days, but not more than 90 days after the beginning of the initial commitment.

Adapted from Minn. Stat. 253B.09, subd. 5

Treatment Report; Review; Hearing

V-2437

The head of the facility shall send copies of the report to the court, to the patient and his counsel prior to the termination of the initial commitment order or prior to discharge.

Minn. Stat. 253B.12, subd. 1

The court shall give notice of the right to an independent examination by an examiner of the patient's choice prior to the hearing before the end of the initial commitment.

Minn. Stat. 253B.12, subd. 3

The court shall give at least 5 days notice of the time and the place of the hearing before the end of the initial commitment.

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Minn. Stat. 253B.12, subd. 5

Provisional Discharge; Partial Institutionalization

V-2438

The designated agency shall notify the patient, the patient's attorney, and all participants in the plan of the possibility of a revocation of a provisional discharge.

Minn. Stat. 253B.15, subd. 3

The designated agency shall give notice of the intent to revoke a provisional discharge.

Minn. Stat. 253B.15, subd. 3

The designated agency shall give notice of the recommendation for the extension of a provisional discharge at least 30 days prior to expiration of provisional discharge.

Minn. Stat. 253B.15, subd. 7

The head of the facility, prior to readmission, shall give the patient notice of his status if patient voluntarily returns from provisional discharge.

Minn. Stat. 253B.15, subd. 10

Release; Judicial Determination

V-2439

The court shall give ten days notice of hearing on petitions for termination of institutionalization of mentally ill, mentally retarded or chemically dependent status.

Notices and Documents (continued)

V-2440

Procedures for Persons Mentally Ill and Dangerous to the Public; Sexual Psychopathic Personalities, and Sexually Dangerous Persons

V-2441

Within 45 days of the filing of the petition, the Commissioner shall give notice of the time and place of the hearing before the special review board, and a copy of Commissioner's order within 5 days after it is issued.

Minn. Stat. 253B.18, subd. 5

The Commissioner shall give patients on provisional discharge, annual notice about the continuing terms of the provisional discharge.

Minn. Stat. 253B.18, subd. 9

The head of the facility shall give notice of the intent to revoke a provisional discharge, including information on rights under this chapter and a copy of the revocation report, including rights under this section.

Minn. Stat. 253B.18, subd. 10

Judicial Appeal Panel; Patients Mentally Ill and Dangerous to the Public; Sexual Psychopathic Personalities; and Sexually Dangerous Persons

V-2442

The chief judge of the appeal panel shall give at least 14 days notice of the time and the place of the appeal hearing.

Minn. Stat. 253B.19, subd. 2

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Review Boards

V-2443

At time of admission, the head of the facility shall give notice of the right to appear before the review board and the date of next board visit to the facility. Review boards apply only to the regional treatment centers and the Veteran's Administration at St. Cloud.

Adapted from Minn. Stat. 253B.22, subd. 3